



APPLICATION FOR BUSINESS MEMBERSHIP

___ New

___ Renewal

Organization/Club/Dealer: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

E-Mail: _____

Website: _____

Membership Level Requested:

___ \$150

___ \$200

___ \$400

\$150 Membership

- ✓ One ½ page article/advertisement in one issue of the CIBA newsletter, your choice of months
- ✓ Listed on "Business Membership Section" of CIBA website with a link to your website.
- ✓ Listed in the CIBA newsletter under the Business Members section.

\$200 Membership

- ✓ One ½ page article/advertisement in each of two issues of the CIBA newsletter, your choice of months.
- ✓ Listed on "Business Membership Section" of CIBA website with a link to your website.
- ✓ Listed in the CIBA newsletter under the Business Members section.

\$400 Membership

- ✓ One ½ page article/advertisement in each of four issues of the CIBA newsletter, your choice of months.
- ✓ Listed on "Business Membership Section" of CIBA website with a link to your website.
- ✓ Listed in the CIBA newsletter under the Business Members section.

Please return this application and payment for the appropriate membership level to:

CIBA, Business Membership

10901 Marquette Rd

Zionsville, IN 46077

This membership will be renewed annually and is subject to review by the CIBA Board of Directors.